

OFFICE USE ONLY

Licensing specialist: \_\_\_\_\_

STATE OF DELAWARE  
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES  
OFFICE OF CHILD CARE LICENSING (OCCL)

**EARLY CARE AND EDUCATION AND SCHOOL AGE CENTER  
RENEWAL/RELOCATION LICENSE APPLICATION**

**Please print  
all responses.**

Date received: \_\_\_\_\_

License expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ License number: \_\_\_\_\_

Check application type: ☐ Renewal ☐ Relocation

**Before completing this application, review *DELCARE: Regulations for Early Care and Education and School-Age Centers*.**

Answer all applicable questions and attach all required application materials/documents.

- The “applicant” is the individual owner if not a corporation or limited liability company (LLC). For a corporation, it is the president. For an LLC, it is the managing member. This individual must sign the application or provide written authorization allowing the designated representative to sign.
- The “facility” is the legal name by which the center will be known.
- The “designated representative” is the individual owner or the person with the authority to sign the application on behalf of the corporation or LLC.
- The “entity” is the corporation or LLC that is responsible for and has authority over the operation of the center.

**SECTION A – Identification**

**Applicant name:** \_\_\_\_\_ Will individual be on-site or have interaction with children in care? ☐ Yes ☐ No

Cell phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_  
(street) (city) (state) (zip)

**Facility name:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (county) (state) (zip)

**Designated representative name:** \_\_\_\_\_ Will individual be on-site or have interaction with children in care? ☐ Yes ☐ No

Title and DE FIRST certificate, if applicable: \_\_\_\_\_

Cell phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

**CHU contact**

Please provide a contact person and email to receive the fingerprinted background check results from the Criminal History Unit (CHU). The results will contain confidential information about each person’s eligibility for employment

**CHU contact name:** \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION B – Relocation (if applicable)**

If this application is to receive a license at a new location, an Emergency Plan for Early Care and Education and School Age Centers template is required. ☐ submitted

**SECTION C – Entity Information (as applicable)****If there is no entity, check “individual” and skip the related entity information.**

Submit one:

☐ Delaware State business license

-or-

☐ Proof of non-profit status (for example, letter of tax-exempt status or 501(c)(3) documents)Entity name: \_\_\_\_\_ Entity type: ☐ Individual ☐ Corporation  
☐ Limited liability company (LLC)Entity address: \_\_\_\_\_  
(street) (city) (state) (zip)

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

1. If entity is an LLC, list below a name, address, and phone number for the managing member.
2. If entity is a corporation, list below a name, address, and phone number for each corporate officer.

For corporation: officers For LLC: managing member	Title	Address and email	Will this person be on-site or have access to children?	
			No	Yes

**SECTION D – Staffing** (attach an additional sheet if needed)

[illegible]

**Substitutes and Volunteers** (attach an additional sheet if needed)

Name	DE FIRST certificate, if any	Date of birth	Race*	Works 7 or more hours/week providing direct care
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*Race is a DSCYF database required field. Select a designation below to complete this field.**

ND=Not Determined

## SECTION E – Program Information

---

**SECTION E – Program Information, continued**

### *Program components*

☐ Purchase of Care    Transportation: ☐ field trips   ☐ daily   ☐ other \_\_\_\_\_

☐ Food program (CACFP) agency: \_\_\_\_\_   ☐ Other (specify): \_\_\_\_\_

## SECTION F – Applicant Certification and Signature

- I have read and understand *DELAWARE: Regulations for Early Care and Education and School-Age Centers*.
- I understand that the Department of Services for Children, Youth and Their Families, Office of Child Care Licensing, is required under Delaware Code, Title 31, Part I, Chapter 3 Subchapter III, § 344 to make a thorough investigation to determine the good character and intention of the applicant or applicants; the present and prospective need of the service rendered; that capable, qualified workers will be employed; that there is sufficient financial backing to ensure effective work; that there is a probability of the service being continued for a reasonable period of time; that the methods used and disposition made of the children served will be to their best interests and that of society; and that the required criminal background checks are completed and approved.
- I agree to comply with all federal, state, and local laws and regulations.
- I hereby certify that to the best of my knowledge the applicant, owner, designated representative, members of the child care staff, board members, and officers of the corporation do not have any conviction, current indictment, or substantial evidence of involvement in any criminal activity involving violence against a person; child abuse or neglect; possession, sale, or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; or serious violation of accepted standards of honesty or ethical behaviors. I further certify if I have knowledge of any convictions, indictments, or substantial evidence involving any of the persons cited above, I will promptly notify OCCL.
- I certify that to the best of my knowledge all information I have given to OCCL is true and correct. I will continue to supply true and correct information. Submitting false information or failing to provide complete information when requested may result in warning of probation, probation, suspension, revocation of the license, or denial of a license application.

**For relocation applications:**

- I understand child care services cannot be provided at this new address until a license has been issued by OCCL to operate.
- I understand fire marshal and electrical inspections are needed at this new address prior to being issued a license.
- OCCL will conduct a pre-licensing visit to ensure compliance with *DELACARE Regulations* before issuing a license at the new address.

Signature of applicant

Date \_\_\_\_\_

**Notice: See the definition of “applicant” on page 1 for instructions on who may sign.**

---

Print name and title

STATE OF \_\_\_\_\_ )  
 : SS  
COUNTY OF \_\_\_\_\_ )

Signed and attested before me this \_\_\_\_\_.

Signature of notarial officer

---

Print name \_\_\_\_\_

(seal)